|         | STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT NO. E415918  | 1 1 6 27 |  |  |  |  |  |  |
|---------|--|----------|--|--|--|--|--|--|
|         | INTERSTATE CITY STREET V FIRE RESULTED CASE # 15-00952   | 2 2 3    |  |  |  |  |  |  |
| 1       | STATE ROUTE OTHER DISTRIBUTION OTHER COOKING   | 3 0 4    |  |  |  |  |  |  |
| 2 1     | COUNTY RD PRIVATE WAY I INVOLVED TOTAL # OF OR OBJECT FACTURANCE OR LEDGE  | 28       |  |  |  |  |  |  |
| <u></u> | TRIBAL PRESERVATION UNITS US STRUCK EARTH BANK OR LEDGE  M M D D Y Y Y Y TIME (2400) COUNTY# MILES CITY#   |          |  |  |  |  |  |  |
|         | DATE OF COLLISION 04 - 12 - 2015 1500 31 S W OF 0664   | 3        |  |  |  |  |  |  |
| 4       | ON (PRIMARY TRAFFIC WAY) INTERSECTION NON-INTERSECTION BLOCK NO. 120TH STREET SE   | 0 4 29   |  |  |  |  |  |  |
| 4a      | DISTANCE OF (REFERENCE OR CROSS STREET)  |          |  |  |  |  |  |  |
| 5       | MILES N E 85TH DRIVE SE  |          |  |  |  |  |  |  |
|         | UNIT 01 MOTOR VEHICLE PHONE CYCLE DAMAGE THRESHOLD MET PHONE D: 4255127518   | 30       |  |  |  |  |  |  |
| 61      | LAST NAME WHITE SIDST NAME DARYAN MIDDLE N   |          |  |  |  |  |  |  |
| "       | STREET 1202 10TH ST SE #A  |          |  |  |  |  |  |  |
|         | NEW ADDRESS.   | 0 1 31   |  |  |  |  |  |  |
| 7       | CITY SNOHOMISH ST WA ZIP 98290   | 0 1 31   |  |  |  |  |  |  |
| 8       | CDL RESTRICTIONS ENDORSEMENTS  | · —      |  |  |  |  |  |  |
| 9 9     | DRIVER'S LICENSE # WHITEDN012KC STATE WA SEX F D.O.B. MMDDYYYY 05 _ 03 _ 1999  | 3        |  |  |  |  |  |  |
| 10      | ON DUTY STATUS AIRBAG 2 RESTR. 9 EJECT 1 HELMET USE 2 INJURY CLASS 1   | 32       |  |  |  |  |  |  |
| 11 3 5  | LICENSE PLATE # STATE WA VIN# 1GNCT18W4YK251291  | 2        |  |  |  |  |  |  |
| 12      | TRAILER PLATE # STATE TRAILER PLATE # STATE  | 3        |  |  |  |  |  |  |
| 13 4    | VEH, YEAR 2000 MAKE CHEV MODEL BLAZR STYLE UT VEHICLE TOWED YES NO TOWED BY  REGISTERED OWNER INFO. JACKIE ALDERMAN 8425 41ST ST SE SNOHOMISH WA 98290  VEHICLE NO. 1  | 7 1 33   |  |  |  |  |  |  |
| 14      | UABUITY NSURANCE  INSURANCE CO STATE FARM 173 2116-A09-47  NOTE OF THE PROPERTY OF THE PROPERT | FROM TO  |  |  |  |  |  |  |
| 15 2    | VERTICAL YES NO CITATION # CHARGE  |          |  |  |  |  |  |  |
| 16      | UNIT 02 MOTOR PEDAL- PEDESTRIAN PROPERTY OWNER PHONE D: 4253341012   | 4 35     |  |  |  |  |  |  |
|         | LAST NAME CITY OF FIRST NAME LAKE STEVENS MIDDLE INITIAL   | 36       |  |  |  |  |  |  |
| 17      | STREET NEW ADDRESS 1812 MAIN ST PO BOX 267   | 37       |  |  |  |  |  |  |
| 18      | CITY LAKE STEVENS ST WA ZIP 98258  | 38       |  |  |  |  |  |  |
| 19      | CDL RESTRICTIONS ENDORSEMENTS  | 39       |  |  |  |  |  |  |
| 20      | DRIVER'S LICENSE # SEX U D.O.B. MMDDYYYY   | 40       |  |  |  |  |  |  |
| 21      | ON DUTY STATUS AIRBAG RESTR. EJECT HELMET USE CLASS NATURE OF INJURIES   | 8        |  |  |  |  |  |  |
| 22      | LICENSE PLATE # STATE VIN#   |          |  |  |  |  |  |  |
| 23      | TRAILER PLATE # STATE TRAILER PLATE # STATE  | 1 41     |  |  |  |  |  |  |
| 24      | VEH, YEAR MAKE MODEL STYLE VEHICLE TOWED BY GOVT, VEHICLE YES NO.  | 42       |  |  |  |  |  |  |
|         | REGISTERED OWNER INFO.  VEHICLE NO. 2 SHADE IN DAMAGED AREA  INSURANCE CO.   |          |  |  |  |  |  |  |
|         | LIABUTY NSURANCE INSURANCE CO & POLICY #  VEHICLE YES Nd CITATION #  CHARGE  |          |  |  |  |  |  |  |
| 25      | BADGE OR ID # AGENCY   WA0311900     W. AUKERMAN   72     AGENCY   WA0311900     AGENCY   AGENCY   WA0311900     AGENCY   WA031190     AGENCY    |          |  |  |  |  |  |  |
| 26      | PART A 3000-345-159 R (7/06)   |          |  |  |  |  |  |  |





CORRECTION

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

REPORT NO.

E415918

| CASE |
|------|
| UMOL |

15-00952

| ADDRESS & PHONE #                  |                | NAME<br>(LAST, FIRST, MIDDLE INITIAL) |         |               |              |               |                          |            |        |                                   |        |                |           |
|------------------------------------|----------------|---------------------------------------|---------|---------------|--------------|---------------|--------------------------|------------|--------|-----------------------------------|--------|----------------|-----------|
|                                    |                | - 34                                  |         |               |              |               |                          | SEX        | N      | D.O.B.                            |        |                |           |
| PASSENGER                          | WITNESS        | INIT #                                |         | SEAT<br>POS.  | AIRBAG       | RESTR.        | EJECT                    | HELI       | MET    | INJURY<br>CLASS                   |        | NATURE OF INJU | JRIES     |
| NAME (LAST, FIRST, MIDDLE INITIAL) |                |                                       |         |               |              |               |                          |            |        |                                   |        |                |           |
| ADDRESS & PHONE #                  |                | · · · · · · · · · · · · · · · · · · · |         |               |              |               |                          | SEX        | N      | D.O.B.                            | 7      | ]-[            |           |
| PASSENGER                          | WITNESS        | INIT #                                |         | SEAT<br>POS.  | AIRBAG       | RESTR.        | EJECT                    | HELI       | MET SE | INJURY<br>CLASS                   |        | NATURE OF INJU | JRIES     |
| NAME<br>(LAST, FIRST, MIDDLE       | INITIAL)       |                                       |         |               |              |               |                          |            |        |                                   |        |                |           |
| ADDRESS & PHONE #                  |                |                                       |         |               |              |               |                          | SEX        | N      | D.O.B.                            |        | -[             |           |
| PASSENGER                          | WITNESS        | INIT #                                |         | SEAT<br>POS.  | AIRBAG       | RESTR.        | EJECT                    | HELI       | MET SE | INJURY<br>CLASS                   |        | NATURE OF INJU | JRIES     |
|                                    |                |                                       |         |               | N            | IARRATIV      | Æ                        |            |        |                                   |        |                |           |
| Please                             | see sul        | sequ                                  | uent r  | narrative     | pages        |               |                          |            |        |                                   |        |                |           |
|                                    |                | -                                     |         |               |              |               |                          |            |        |                                   |        |                |           |
|                                    |                |                                       |         |               |              |               |                          |            |        |                                   |        |                |           |
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|                                    |                |                                       |         |               |              |               |                          |            |        |                                   |        |                |           |
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|                                    |                |                                       |         |               |              |               |                          |            |        |                                   |        |                |           |
|                                    |                |                                       |         |               |              |               |                          |            |        |                                   |        |                |           |
|                                    |                |                                       |         |               |              |               |                          |            |        |                                   |        |                |           |
|                                    |                |                                       |         |               |              |               |                          |            |        |                                   |        |                |           |
|                                    |                |                                       |         |               |              |               |                          |            |        |                                   |        | -5             |           |
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|                                    |                |                                       |         |               |              |               |                          |            |        |                                   |        | -,             |           |
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|                                    |                |                                       |         |               |              |               |                          |            |        |                                   |        |                |           |
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|                                    |                |                                       |         |               |              |               |                          |            |        |                                   |        |                |           |
|                                    |                |                                       |         |               |              |               |                          |            |        |                                   |        |                |           |
|                                    |                |                                       |         |               |              |               |                          |            |        |                                   |        |                |           |
| CERTIFY (DECLA                     | RE) UNDER PE   | NALTY OF                              | PERJURY | UNDER THE LAW | WS OF THE ST | ATE OF WASHII | NGTON THA                | IT THE FOR | EGOIN  | IG IS TRUE AN                     | ID COP | RRECT, (RCW 9A | A.72.085) |
| W. AUKERMAN                        |                |                                       | PERJURY |               |              | 04-13-1       | NGTON THA<br>15 11:26 AN |            |        |                                   | ID COF | RRECT, (RCW 9A | A.72.085) |
| W. AUKERMAN                        |                |                                       | PERJURY | UNDER THE LAV |              |               |                          | 1          |        | I <b>G IS TRUE AN</b><br>E SIGNED | ID COF | RRECT, (RCW 94 | A.72.085) |
| W. AUKERMAN                        | FICER'S SIGNAT |                                       | PERJURY |               |              | 04-13-1       |                          | DATE       | PLACI  |                                   |        | RRECT, (RCW 94 | A.72.085) |

REPORT NO.

E415918

CASE#

15-00952

DATE AND TIME OF COLLISION

04/12/15 15:00

## **NARRATIVE**

On 04/12/2015 at about 1501 hours (all times approximate) I was dispatched by police radio to a single vehicle non-blocking/non-injury collision at the intersection of 20th Street SE and 85th Drive SE in the city of Lake Stevens.

Arriving on scene I observed two small SUV's in the dirt ditch located to the northeast corner of the intersection. I observed vehicle tire marks leading from the center turn lane of eastbound 20th Street to one of the vehicles in the ditch.

I contacted a group of people standing nearby and was directed to the female driver of the vehicle that had left the marks and was informed the second SUV had rolled southbound on 85th Drive (unoccupied), after the single vehicle collision, into the ditch by the other SUV (not being involved in the collision).

Talking with the female driver of U1, and evidence at the scene, it is found U1 had been traveling eastbound on 20th Street SE and attempted to make a left turn onto northbound 85th Drive SE. The vehicle left tire markings on the roadway indicating to me U1 was traveling at an unsafe speed for the left turn. The 15 year old, unlicensed driver of U1 claimed she was going about 20mph (in a 35 mph speed zone) when she attempted the left turn onto 85th Drive SE and that the vehicle appeared to have defective brakes.

As U1 left the roadway, towards the ditch, U1 ran over and damaged the dead end/street marking sign. U1 then entered the ditch and went partially into the yard of 1929 85th Drive SE (causing damage to the yard). The two property owners where identified and noted in the report.

The owner of U1 arrived on scene and stated he knew the female driver had his vehicle, though he was unaware she did not have a driver's license. U1 was found to be insured; unknown if the unlicensed 15 year old driver is covered on the insurance policy.

The other SUV that had rolled down the street (unoccupied) was said to be what the boyfriend of the driver of U1 was delivering to a person who had just purchased the vehicle.

I spoke with the mother of the driver of U1 and informed her of the collision.

I took several digital images of the vehicles and scene at the time of the report. U1 was driven backwards out of the ditch; sounding like it may have under carriage/running gear damage. The other SUV was towed out by a pickup with a chain.

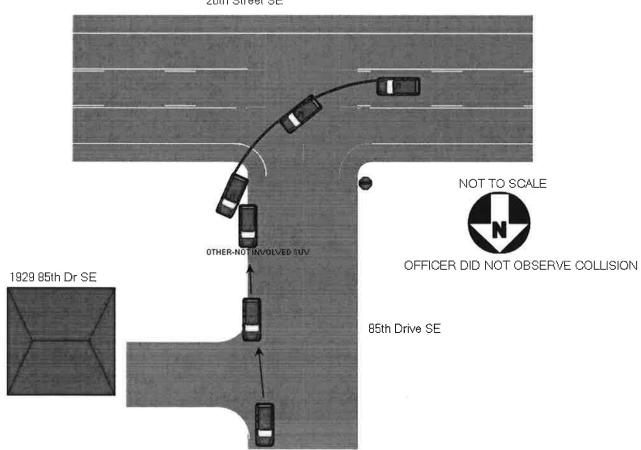


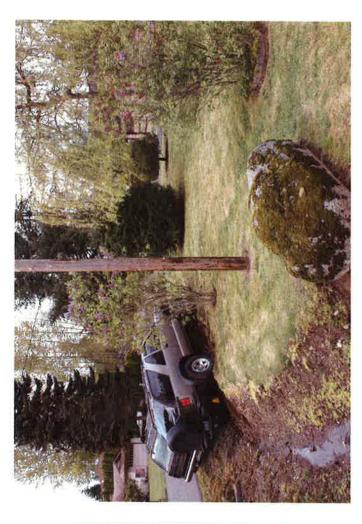


|    | REPORT NO. | E415918 |     | 2 |
|----|------------|---------|-----|---|
| 52 |            |         | 7 = | = |

| DELISION REPOR                        | 013197                            | CASE #            | 15-00952                               |                          |                              |
|---------------------------------------|-----------------------------------|-------------------|--|--------------------------|------------------------------|
| COMMERCIAL M                          | IOTOR CARRIER                     |                   |  | INTERSTATE               | INTRASTATE                   |
| UNIT #                                | USDOT                             | ICC#              |  | VEHICLE TYPE             | CARGO BODY<br>TYPE           |
| ARRIER<br>AME                         |                                   |                   |  |                          |                              |
| ARRIER<br>DDRESS                      |                                   |                   |  |                          |                              |
| TY                                    |                                   |                   | ST                                     | ZIP                      |                              |
|                                       | # GVWR                            | PLAC              | CARD                                   | + NAME IF N              | O NUMBER                     |
| ADDITIONAL UN                         |                                   |                   |  |                          |                              |
| UNIT# 3                               | MOTOR PEDAL- PE                   | DESTRIAN PROPEI   | DAMAGE THRES                           | HOLD MET PHONE  D: 42587 | 67874                        |
| AST NAME MA                           | NILLET                            | FIRS              | T NAME ALBEO                           |                          | MIDDLE<br>INITIAL            |
| TREET 19                              | 29 85TH DR SE                     |                   |  |                          | *                            |
|                                       | STEVENS                           |                   | ST WA                                  | ZIP 98258                |                              |
| :DL                                   | RESTRICTI                         | ions              | END                                    | ORSEMENTS                |                              |
| RIVER'S                               |                                   | STATE             | erv. D.                                | О.В.                     |                              |
| N DUTY STATUS                         | AIDDAG                            | LUCINET           | I WINNE                                | NATURE OF INJURIES       |                              |
| CENSE                                 | AIRBAG RESTR.                     | USE               | CLASS                                  |                          |                              |
| LATE #                                | STATE                             | VIN#              | RAIL ER                                |                          |                              |
| RAILER<br>LATE #                      |                                   | STATE F           | RAILER<br>LATE #                       |                          | STATE                        |
| H. YEAR MAK<br>GISTERED OWNER INFO.   | E MODEL                           | STYLE VEHI<br>YES | CLE TOWED TOWED BY                     | T                        | GOVT, VEHICLE<br>YES NO      |
| BLITY:NSURANCE                        | INSURANCE CO<br>& POLICY II       |                   |  |                          | SHADE IN DAMAGED AREA        |
| HIGHE YES NO                          | CITATION ≢                        | CHARGE            |  |                          | 10 BOTTOM                    |
| UNIT #                                | MOTOR PEDAL-<br>VEHIGLE CYGLE PE  | EDESTRIAN PROPEI  |  | HOLD MET PHONE           |                              |
| AST NAME                              |                                   | FIRS              | TNAME                                  |                          | MIDDLE<br>INITIAL            |
| TREET<br>EW ADDRESS                   |                                   |                   |  |                          |                              |
| TY                                    |                                   |                   | ST                                     | ZIP                      |                              |
| DL                                    | RESTRICTI                         | ions              | END                                    | OORSEMENTS               |                              |
| RIVER'S<br>ICENSE #                   | J.                                | STATE             | SEX D.                                 | O.B.                     |                              |
| N DUTY STATUS                         | AIRBAG RESTR.                     | EJECT HELMET USE  | INJURY                                 | NATURE OF INJURIES       |                              |
| CENSE                                 | STATE                             | VIN#              | CLASS                                  |                          |                              |
| RAILER                                | , our                             |                   | RAILER                                 |                          |                              |
| ATE # MAK                             | E MODEL                           | STATE F           | CLE TOWED TOWED BY                     |                          | STATE GOVE VEHICLE YES NO    |
| GISTERED OWNER INFO.                  |                                   | YES               |  |                          | YES NO SHADE IN DAMAGED AREA |
| BILITY INSURANCE                      | INSURANCE CO<br>& POLICY #        |                   |  |                          | 9109                         |
| HICLE YES NO ANDING                   | CITATION #                        | CHARGE            |  |                          | II O BOTTOM                  |
| ERTIFY (DECLARE) UNDER<br>V. AUKERMAN | PENALTY OF PERJURY UNDER THE LAWS |                   | ton that the foregoing i<br>5 11:26 AM | IS TRUE AND CORRECT, (R  | CW 9A.72.085)                |
| /ESTIGATING OFFICER'S                 | S SIGNATURE UNIT OR DIST          |                   |  | PLACE SIGNED             |                              |
| ADGE 72                               | OBI WA0311900                     |                   | APPROVED BY                            | 4/14/2015 PAG            | E 4 OF 5                     |











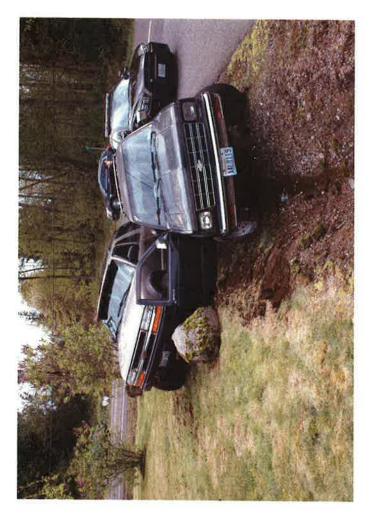




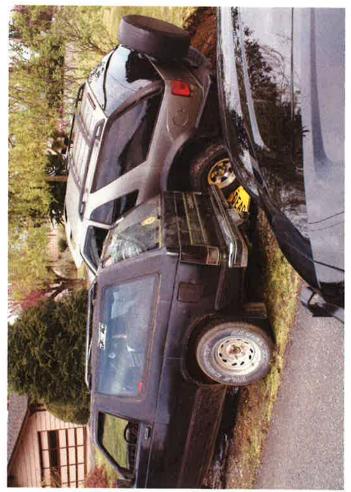




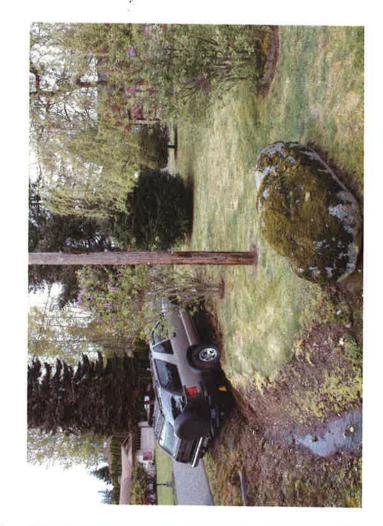
















|  | VENS POLICE                              | Primary Officer/Badge N        | umber              | Case Number                |  |  |  |  |
|--|--|--------------------------------|--------------------|----------------------------|--|--|--|--|
| EVIDENCE   | UNIT                                     | AUKER                          | 1094 12            | 15-00957                   |  |  |  |  |
| Type of Crime  | : Folony / Misdemeanor (Circle           | Type of Case: Coc              | 45104              | Date/Time: 4-12-15/1615    |  |  |  |  |
| Action Number: *Evidence will be held until court disposition or when the Stature of Limitations has expired                 |  |                                |                    |                            |  |  |  |  |
| 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING *Found and Safekeeping will be held for 60 days or 60 days past owner notification |  |                                |                    |                            |  |  |  |  |
| Item #   | Item CO CO                               | Brand Name COMPUCE SSO         |                    | orage Location Disposition |  |  |  |  |
|  | CD-RU/ Brand/Model/Caliber               |                                |                    |                            |  |  |  |  |
| Action #   |  |                                |                    |                            |  |  |  |  |
| 3  | Serial #                                 | _ /                            | Weight of Narcotic |                            |  |  |  |  |
| Owner's Name   | e Address                                | 05/20 5- 5= 2<br>City Sta      |                    | Parada sanahara            |  |  |  |  |
| Owner's Name   | e Address                                | City Sta                       | te Zip Phone #     | Barcode goes here          |  |  |  |  |
|  | ure/Other remarks /additional inf        | ormation/ special instruction  | 5                  |                            |  |  |  |  |
| PICS   |  |                                |                    | 12                         |  |  |  |  |
| Item #   | Item                                     | Brand Name                     | Sto                | orage Location Disposition |  |  |  |  |
|  | Brand/Model/Caliber                      | (Further Desc                  | ription)           |                            |  |  |  |  |
| Action #   |  |                                |                    |                            |  |  |  |  |
|  | Serial #                                 | Where Found                    | Weight of Narcotic |                            |  |  |  |  |
| Owner's Name   | e Address                                | City Sta                       | ate Zip Phone #    | Parendo goos horo          |  |  |  |  |
| Owner's Name   | e Address                                | City Sta                       | ate Zip Filotie#   | Barcode goes here          |  |  |  |  |
| Owner Signat   | ure/Other remarks /additional int        | formation/ special instruction | S                  |                            |  |  |  |  |
|  |  |                                |                    |                            |  |  |  |  |
| Item #   | Item                                     | Brand Name                     | St                 | orage Location Disposition |  |  |  |  |
|  | Brand/Model/Caliber                      |                                |                    |                            |  |  |  |  |
| Action #   |  | (Further Desc                  |                    |                            |  |  |  |  |
|  | Serial #                                 | Where Found                    | Weight of Narcotic |                            |  |  |  |  |
| Owner's Name   | e Address                                | City Sta                       | ate Zip Phone #    | Barcode goes here          |  |  |  |  |
| Owner's Name   | e Address                                | City Sta                       | ate Zip Flione#    | barcode goes nere          |  |  |  |  |
| Owner Signat   | ure/Other remarks /additional in         | formation/ special instruction | S                  |                            |  |  |  |  |
| 11   |  | D. J.M.                        | In                 |                            |  |  |  |  |
| Item #   | Item                                     | Brand Name                     | St                 | orage Location Disposition |  |  |  |  |
|  | Brand/Model/Caliber                      |                                |                    |                            |  |  |  |  |
| Action #   |  |                                |                    |                            |  |  |  |  |
|  | Serial #                                 | Where Found                    | Weight of Narcotic |                            |  |  |  |  |
| Owner's Nam  | e Address                                | City Sta                       | ate Zip Phone #    | Barcode goes here          |  |  |  |  |
| Owner & Ham  | 7 tudi 655                               | Oity Oil                       | Zip Thone W        | Bardode gods Hore          |  |  |  |  |
| Owner Signat   | ure/Other remarks /additional in         | formation/ special instruction | S                  |                            |  |  |  |  |
| Itama #  | Itaus                                    | Brand Name                     | To                 | Disposition                |  |  |  |  |
| Item #   | Item                                     | brand Name                     | 51                 | orage Location Disposition |  |  |  |  |
|  | Brand/Model/Caliber                      |                                |                    |                            |  |  |  |  |
| Action #   |  |                                |                    |                            |  |  |  |  |
|  | Serial #                                 | Where Found                    | Weight of Narcotic |                            |  |  |  |  |
| Owner's Nam  | e Address                                | City St                        | ate Zip Phone #    | Barcode goes here          |  |  |  |  |
|  | Oity State Zip Phone # Balcode goes here |                                |                    |                            |  |  |  |  |
| Owner Signature/Other remarks /additional information/ special instructions  |  |                                |                    |                            |  |  |  |  |
| Evidence Control Use Only:   |  |                                |                    |                            |  |  |  |  |
| Received by Evidence: NCIC/WACIC √ Date: CAD/RMS Checked ROUTING:  |  |                                |                    |                            |  |  |  |  |
| Name:# NCIC/WACIC + Date: Owner Letter Sent: White: Property R   |  |                                |                    |                            |  |  |  |  |
| Date:  | _Time: NCIC/WA                           | CIC - Date:                    | Owner Letter Sent: | Yellow: Case File          |  |  |  |  |

and the same

Incident History for: #SS15006994 Case Numbers: \$S\$15000952 Entered 04/12/15 15:00:42 BY SPCT05 SP0320 Dispatched 04/12/15 15:01:20 BY SPDP17 SP0346 Enroute 04/12/15 15:01:20 Onscene 04/12/15 15:25:16 Closed 04/12/15 15:43:10 Initial Type: COL Initial Alarm Level: Final Alarm Level: Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H Police BLK: SS003 Fire BLK: AG1418 Map Page: 397D-4 Group: SS1 Beat: SOUT Loc: 20 ST SE/85 DR SE ,LKS (V) Loc Info: Name: SARAH WILLIAMS/BYSTANDE Addr: Phone: 4254229538 /1500 (SP0320) ENTRY ,AC, NON INJ, NON BLKG . GOLD CHEV SUV VS BLK OL **DER CHEV SUV** /1500 SUPP NAM: SARAH WILLIAMS/BYSTANDE, PHO: 4254229538 /1501 (SP0346) DISPER 19D2 #SS72 AUKERMAN,OFFICER (WAYNE) /1502 (SP0338) SUPP NAM: RASCO, JUSTIN, ADR: WITNESS, PHO: 4253277858, TXT: RP CALLING IN TO GIVE PLATES, RP OFF DUTY

EPD, RP CONF NON INJ, L/549ZWG, L/AAL8119

/1523 (SS72 ) REMINQ 19D2 MDTWANT, WHITE, DARYAN, N, 050399, ,, WA, ..., ,, ,, ,, /1524

\*MISC 19D2 ,STATE FARM173 2116-A09-47 /1525 REMINQ 19D2 MDTVEH,549ZWG,,WA,,,,,,,, /1525 \*ONSCNE 19D2

\*ASNCAS 19D2 \$SS15000952 /1525 /1543 \*CLEAR 19D2 D/H

CLOSE 19D2 /1543